

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 4, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Bunnery, 2785 South 17th Street requesting a class I liquor license.

This location was previously known as El Sito Pub which held a class I liquor license

Theresa Morey, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Theresa Morey was born in Lincoln, Nebraska. She attended Lincoln Southeast High School graduating in 1995.

Mrs. Morey has been employed as a manager in several food related businesses and as an office manager for Matt's sewer and drain, which is owned by Matthew and Theresa Morey.

A review of criminal histories of the applicants shows no disqualifying arrests.

The applicant has been informed about the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Overlord The Driveway, LLC DBA Bunners

Street Address #1 2785 So 17th

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number _____

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name ~~Theresa~~ Overlord The Driveway, LLC

Street Address #1 2785 So 17th st.

Street Address #2 _____

City Lincoln State NE Zip Code 68502

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

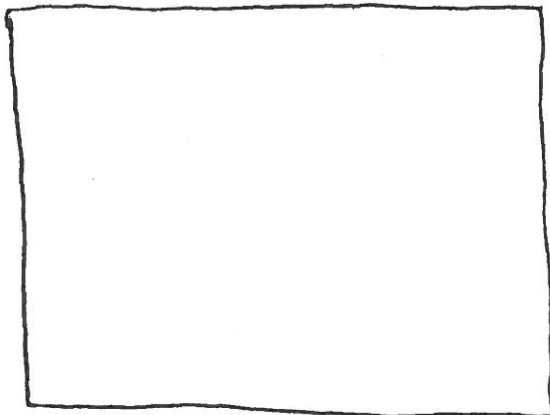
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 40' feet

Width 40' feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



one level
no basement
20'x40'

PREMISE INFORMATION

Trade Name (doing business as) _____

Street Address #1 _____

Street Address #2 _____

City _____ County _____

Premise Telephone number _____

Is this location inside the city/village corporate limits:

☐

YES

☐

NO

Mailing address (where you want to receive mail from the Commission)

Name _____

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

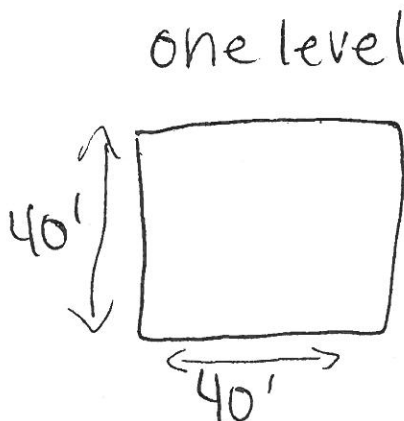
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 40 feet

Width 40 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



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**NEBRASKA LIQUOR
CONTROL COMMISSION**

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Matthew Morey	see attached sheets.			

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

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CONTINUED

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

2/2
402-471-2814
Attn. Michelle

PATROL CRIMINAL HISTORY

NEBRASKA STATE PATROL
CRIMINAL IDENTIFICATIONP.O. BOX 94907
LINCOLN, NEBRASKA 68509

STATUTE 28-3522 PROHIBITS RELEASE OF ARREST INFORMATION IN EXCESS OF ONE YEAR IN DURATION UNLESS DISPOSITION INFORMATION PERTAINING TO THAT ARREST IS PROVIDED. THESE (THIS) ARE (IS) THE ONLY RECORD (S) IN OUR FILES MEETING STATUTORY REQUIREMENTS FOR RELEASE. FURTHER INFORMATION ON ARREST RECORD SHOULD BE OBTAINED FROM _____ COURT SYSTEM (S). NOTE: MINOR TRAFFIC INFRACTIONS NOT INCLUDED.

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED FROM NEBRASKA STATE PATROL - CID WHEN NEEDED FOR SUBSEQUENT USE. WHEN EXPLANATION OF AN ARREST OR DISPOSITION IS NEEDED COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED THE FINGERPRINTS.

"INFRACTN" - MEANS "INFRACTION" WHICH IS A VIOLATION OF ANY LAW, ORDINANCE, ORDER, RULE OR REGULATION THAT IS NOT A MISDEMEANOR, FELONY, OR TRAFFIC OFFENSE.

NAME	FELON	STATE ID	
MOREY, MATTHEW ANDREW	N		
FBI NO	DATE REQUESTED	SEX	DATE OF BIRTH
	11/21/2012	MALE	
DATE DECEASED	HEIGHT	WEIGHT	EYES
	5'7"	195	BROWN
PLACE OF BIRTH	PLACE OF CITIZENSHIP	HAIR	
NEBRASKA	UNITED STATES OF AMERICA (USA)	BROWN	



IDENTIFICATION COMMENTS

NCIC FINGERPRINT

ADDITIONAL IDENTIFIERS

ALIAS	STATE ID	FBI NO	SEX	RACE	DATE OF BIRTH
MOREY, MATTHEW ANDREW			M	W	

ARREST HISTORY

ARREST: 1	DATE: 7/4/1990	DCN:
AGENCY	CASE NUMBER	NAME USED
LINCOLN PD (NB0550100)		MOREY, MATTHEW ANDREW

CHARGE DESCRIPTION	CLASSIFICATION
3598 POSS OF CONTROLLED SUBSTANCE(1)	FELONY

COURT: COUNTY COURT LANCASTER(NB055013J)

COURT DISPOSITION DATE: 08/01/1990 DOCKET: CITATION:

CHARGE: 3598-POSS OF CONTROLLED SUBSTANCE(1)

DISPOSITION: COURT DISMISSAL

CLASSIFICATION: FELONY

SENTENCE:

OTHER COURT PROVISION

DISM BY CO ATTY AT DEFENDANTS COSTS/COMPLETED DIVERSION 8/1/1991

PARDON INFO

JUDGMENT



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: MATTHEW ANDREW MOREY, Male, DOB:

Date of listing: 10-09-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 11-25-1992	for (M)3RD DEG ASSAULT	Case
Disposed 01-27-1993	as (M)ASSAULT, STRIKE OR CAUSE BODILY INJURY	Cit# Chg# 1
FOUND GUILTY Fined \$100.00		
Cited on 06-10-1992	for (M)STEAL MONEY OR GOODS LESS THAN \$300	Case
Disposed 10-05-1992	as (M)STEAL MONEY OR GOODS LESS THAN \$300	Cit# Chg# 1
FOUND GUILTY Fined \$50.00		
Arrested 08-26-1989	for (M)COMPLY WITH LAWFUL ORDER AT SCENE OF ARRE	Case
Disposed 08-28-1989	as (M)COMPLY WITH LAWFUL ORDER AT SCENE OF ARRE	Cit# Chg# 1
FOUND GUILTY Fined \$125.00		
Arrested 08-26-1989	for (M)DISTURB THE PEACE AND QUIET OF OTHERS	Case
Disposed 08-28-1989	as (M)DISTURB THE PEACE AND QUIET OF OTHERS	Cit# Chg# 1
FOUND GUILTY Fined \$125.00		
Cited on 05-26-1989	for (M)INJURE PROPERTY BELONGING TO	Case

	ANOTHER		
Disposed 06-23-1989	as (M)INJURE PROPERTY BELONGING TO ANOTHER	Cit#	Chg#
FOUND GUILTY Fined \$25.00			
Cited on 05-26-1989	for (M)TRESPASS UPON PROPERTY OF ANOTHER	Case	
Disposed 06-23-1989	as (M)TRESPASS UPON PROPERTY OF ANOTHER	Cit#	Chg#
FOUND GUILTY Fined \$25.00			

*** END OF LISTING ***

 Official Nebraska Government Website**Thank You!****Purchase Successful!**

Thank you for your purchase, your transaction is now complete. A copy of this confirmation will be sent to you by email.

Order ID #: NE

Order Total: \$3.00

Order Date/Time: Tue Oct 09 2012 15:48:13

[Print Page](#)[New Search](#)**Driver Information**

Requested: Tue Oct 09 2012 15:48:13

Name: MOREY, THERESA, K
County: Lancaster (02)
Issued in County: Lancaster (02)
Date of Birth:
Sex: Female
Race: White
Height: 5'06"
Weight: 130
Eye Color: Blue
Hair Color: Blonde
Issue Date: 09/16/2010
Expires:

Driver Record

Convictions Accidents Withdrawals Permits

License Status: VALID
Class: O
Restrictions: Corrective Lenses

Convictions*No convictions listed.***Accidents**

Any entry for an accident which may appear below is for statistical purposes only and does not indicate a determination of fault.

*No Accidents Listed.***Withdrawals**

- 12/12/2002 -- Failure to Comply
Elig: INDEFINITE
Reinstated: 08/25/2003
Juris: NE
- 09/18/2002 -- Failure to Comply
Elig: INDEFINITE
Reinstated: 08/25/2003
Juris: NE

Permits

- Class O/M Learner's Permit
Class: M
Issued: 05/23/2012
Expires: 05/23/2013



LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "***END OF LISTING***" does not appear at the bottom of this report, then this list is not complete.

FOR: THERESA K MOREY , Female, DOB:
Date of listing: 10-09-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

THE LINCOLN POLICE DEPARTMENT SHOWS NO ARRESTS WITH A FINAL DISPOSITION FOR THIS PERSON.

*** END OF LISTING ***

 Official Nebraska Government Website



Thank You!

Purchase Successful!

Thank you for your purchase, your transaction is now complete. A copy of this confirmation will be sent to you by email.

Order ID #: N

Order Total: \$3.00

Order Date/Time: Tue Oct 09 2012 15:42:43

[Print Page](#)

[New Search](#)

Driver Information

Requested: Tue Oct 09 2012 15:42:43

Name: MOREY, MATTHEW, A
County: Lancaster (02)
Issued in County: Lancaster (02)
Date of Birth:
Sex: Male
Race: White
Height: 6'07"
Weight: 260
Eye Color: Brown
Hair Color: Brown
Issue Date: 09/23/2009
Expires:

Driver Record

Convictions Accidents Withdrawals Permits

License Status: VALID
Class: O

Convictions• **Speeding 11-15 MPH County/State**

Citation Date: 05/10/2010
Judge Date: 06/24/2010
County Court West Point
(24) NE

Points: 2• **Disobey Traffic Control Device**

Citation Date: 12/04/2008
Judge Date: 01/06/2009
County Court Lincoln (02)
NE

Points: 1**Accidents**

Any entry for an accident which may appear below is for statistical purposes only
and does not indicate a determination of fault.

No Accidents Listed.**Withdrawals**• **03/02/2004 -- Failure to Comply**

Elig: INDEFINITE
Reinstated: 05/26/2004
Juris: NE

Permits• **Class O/M Learner's Permit**

Class: M
Issued: 05/01/2012
Expires: 05/01/2013

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC:

~~The~~ Overlord,
Driveway, LLC.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: _____

The Driveway, LLC.
Overlord

Bunners

Premise Street Address: _____

2785 80 17th

City: Lincoln

State: NE

Zip Code: 68502

Premise Phone Number: _____

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

Theresa Morey
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Prints

Last Name: Morey First Name: Theresa MI: K

Home Address (include PO Box if applicable): 1616 W. Garfield St.

City: Lincoln County: Lancaster Zip Code: 68522

Home Phone Number: 402-476-6303 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

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☒ YES

☐ NO

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Spouse's information

CONTROL COMMISSION

Prints

Spouses Last Name: Morey First Name: Matthew MI: A

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
1616 W Garfield Lincoln, NE	2001	present	1616 W Garfield Lincoln, NE	2001	now
1616 W Garfield Lincoln, NE	2001	now	1616 W Garfield Lincoln, NE	2001	now

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
MAR 14 1996
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
NEBRASKA DEPARTMENT OF HEALTH

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

70

126-

17-600

BIRTH NUMBER

CHILD—NAME FIRST MIDDLE LAST Matthew Andrew Morey			DATE OF BIRTH (MONTH, DAY, YEAR) 20 11-16-70		70
SEX 1. Male			THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b.
CITY, TOWN, OR LOCATION OF BIRTH 5b. Lincoln			INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes		HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Lincoln General Hospital
MOTHER—MAIDEN NAME 6a. Shirley Mae McMackin			AGE (AT TIME OF THIS BIRTH) 6b. 23		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Lincoln, Nebraska
RESIDENCE—STATE 7a. Nebraska			CITY, TOWN, OR LOCATION 7b. Lancaster		STREET AND NUMBER 7c. 2951 Holdrege
FATHER—NAME 8a. Richard Albert Morey			AGE (AT TIME OF THIS BIRTH) 8b. 28		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Springfield, Mass.
INFORMANT—NAME OR SIGNATURE 9a. Mrs. Shirley Morey			DATE SIGNED (MONTH, DAY, YEAR) 10b. 11-16-70		ATTENDANT (M.D., D.O., OTHER) (SPECIFY) 10c. M.D.
10a. SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) Chester L. Norman M.D.			MARITAL ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10d. Lincoln, Nebraska		DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 11b. OCT 13 1970

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NEBRASKA ALCOHOL
CONTROL COMMISSION

TRIPPLICATE—to be
given to this child's parent.

STATE OF NEBRASKA—DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

128—

TYPE, OR PRINT IN
PERMANENT INK

CHILD—NAME		FIRST	MIDDLE	LAST	DATE OF BIRTH (MONTH, DAY, YEAR)		HOUR	
		Theresa	Kristina	Friesen			8:11 P.	
1.	SEX	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)		IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH		
CHILD	Female	Single				Lancaster		
CITY, TOWN, OR LOCATION OF BIRTH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL—NAME		IF NOT IN HOSPITAL, GIVE STREET AND NUMBER		
5b.	Lincoln	yes		Bryan Memorial Hospital				
MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		
MOTHER	Kathryn	Ann	Bennett		30	Nebraska		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION, zip code		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
7a.	Nebr.	7b. Lancaster	7c. Lincoln 68522		7d. yes	7e. 1601 S.W. 16th		
FATHER—NAME		FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		
FATHER	Tommy	Richard	Friesen		30	Nebraska		
INFORMANT—NAME OR SIGNATURE						RELATION TO CHILD		
9a. Kathryn Ann Friesen						Mother		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.					DATE SIGNED (MONTH, DAY, YEAR)	ATTENDANT—M.D., OTHER (SPECIFY)		
CERTIFIER	10a. SIGNATURE <i>K. T. McGinnis M.D.</i>				10b. September 6, 1977	10c. M.D.		
CERTIFIER—NAME (TYPE OR PRINT)					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
10d. K. T. McGinnis M.D.					10e. 3145 "O" Street			
REGISTRAR—SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR		MONTH DAY YEAR	
11a.					11b.			

Baby's Type and Rh: O pos.

The original of the above certificate is required to be filed with the Bureau of Vital Statistics, State Department of Health, Lincoln, Nebraska 68508, as permanent depository.

A certified copy of the original birth certificate may be obtained by you upon application and the statutory fee of \$3.00 in cash or money order. Please supply the following identifying information: CHILD'S NAME, DATE OF BIRTH, PLACE OF BIRTH, FATHER'S NAME, MOTHER'S MAIDEN NAME, NAME OF ATTENDING PHYSICIAN.

Copies to serve all purposes must be certified by office authorization to file such records.

In the case of additions or corrections to be made, notify the Bureau of Vital Statistics within thirty days.

NOTE: Important information for your child's health on reverse side.

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NEBRASKA LIQUOR
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NOV 16 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: The Overlord Driveway, LLC Theresa Morey

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

The Overlord Driveway, LLC #1016766

LLC Address: 2785 SO 17th

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: _____ LLC Fax Number: _____

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Morey First Name: Theresa MI: K

Home Address: 1166 Garfield St. City: Lincoln

State: NE Zip Code: 68522 Home Phone Number: 402-476-6303

Theresa Morey

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lawrence

November 14, 2012

Date

Roma L Jordan

The foregoing instrument was acknowledged before me this

by Theresa Morey

name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Morey First Name: Theresa MI: K

Social Security Number _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Matthew Andrew Morey, Sr.

Spouse Social Security Number _____ Date of Birth _____

Percentage of member ownership 60%

Last Name: Morey First Name: Matthew MI: A

Social Security Number _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Theresa Kristine Morey

Spouse Social Security Number _____ Date of Birth: _____

Percentage of member ownership 40%

Last Name: _____ First Name: _____ MI: _____

Social Security Number _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number _____ Date of Birth: _____

Percentage of member ownership _____